

SIGNATURE OF OUTFITTER

## 2008 GUIDE LICENSE APPLICATION

**MONTANA BOARD OF OUTFITTERS** 

301 S. Park 4th Floor, PO Box 200513 Helena, MT 59620-0513 (406) 841- 2304 FAX (406) 841-2309 www.outfitter.mt.gov

OFFICE USE ONLY
License #
License Date
Check #
Amount \$

RESIDENT GUIDE LICENSE FEE: \$100.00

DO NOT SEND CASH
NONRESIDENT GUIDE LICENSE FEE: \$100.00

\*\*Please complete and sign this application. Failure to do so will result in a delay of issuing your license. \*\* Section 2 Section 1 **ENDORSING OUTFITTER INFORMATION GUIDE APPLICANT INFORMATION** Outfitter Name Social Security # \_\_\_\_\_ Business Name Name \_\_\_\_\_ Business Address\_\_\_\_\_ Address \_\_\_\_\_ (City,State,Zip Code) Phone # \_\_\_\_\_\_FAX # \_\_\_\_\_ (City, State, ZIP) License # Montana Conservation/ALS# NOTE: LICENSES ARE MAILED TO THE OUTFITTER FOR PROPER (APPLICANT MUST HAVE A CURRENT MONTANA CONSERVATION LICENSE) ENDORSEMENT! EACH OUTFITTER UTILIZING THE GUIDE'S SERVICES Birth Date DURING THE LICENSE YEAR MUST SIGN THE GUIDE'S LICENSE AND (applicant must be 18 years or older) FOLLOWING THE COMPLETION OF THE SERVICE MUST SPECIFY THE Male or Female \_\_\_\_\_ Color of Eyes \_\_\_\_ Hair \_\_\_\_ DATES WHICH SERVICES WERE PROVIDED. \*\*PLEASE NOTE: License must Height Weight be in guide's possession at all Number of years of hunting/fishing experience: How many years of guiding experience do you have? times while providing Please list previous outfitters that you have worked for: services.\*\* DO YOU REQUIRE WATERCRAFT **□** YES The average processing time for a completed application is one to three **IDENTIFICATION STICKERS?** 1 NO business days. Licenses are returned to the outfitter by regular mail. Section 3
LICENSE APPLICATIONS MUST BE ACCOMPANIED WITH THE APPROPRIATE LICENSE FEE AND A COPY OF BOTH THE FRONT AND BACK OF A CURRENT BASIC FIRST AID CARD. INCOMPLETE APPLICATIONS WILL BE RETURNED. 1. Have you ever been convicted of or paid a fine on any violation of fish and game or outfitting laws □YES □NO or regulations of any state or the United States? 2. Have you, at any time, plead guilty to or been adjudged by a court guilty of a felony? MYES MNO 3. Have any legal or disciplinary actions been instituted against you which relate to the propriety of your practice or fitness to practice? If you answer "yes" to questions 1 through 3, you must provide a written description of each action and the outcome thereof, and attach copies of the document that initiated action (i.e. citations), and all final orders. If already presented to the Board indicate "on file with Board". Section 37-1-105, MCA, requires that you report any legal or disciplinary actions against you, which relate to the propriety of your practice or your fitness to practice. Failure to accurately furnish the information is grounds for denial or revocation of your license or other Board disciplinary action. Section 4 Online first aid courses are not accepted by the Board office. For a list of approved basic first aid courses please contact the Board office. **GUIDE APPLICANT SIGNATURE** hereby certify that the information I have provided to complete this application is true and correct. Section 5 Online first aid courses are not accepted by the Board office. For a list of approved basic first aid courses please contact the Board office. The applicant is in fact to be employed by me or retained as an independent contractor in accordance with 37-47-101(7), MCA, I confirm that I have inquired and, to my knowledge, the applicant meets all the qualifications of a guide or a professional guide in accordance with ARM 24.171.601.